

109/994/197

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS:		
FOI:	TRANS. 11/1/11	NUM. 11/1/11
TOTAL CHARGEABLE CLAIMS:	NUM. 20	
INDEPENDENT CLAIMS:	NUM. 3	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than 20, enter "0" in column 2.

9/13/05 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$3500
X10	
X42	
+140	
TOTAL	

RATE	FEE
BASIC FEE	\$70.00
X10	
X42	
+140	
TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$9	
X42	
+140	
TOTAL	

RATE	ADDITIONAL FEE
X\$10	
X42	
+140	
TOTAL	

3-2-06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$9	
X42	
+140	
TOTAL	

RATE	ADDITIONAL FEE
X\$10	
X42	
+140	
TOTAL	

9/30/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	26	26	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$9	
X42	
+140	
TOTAL	

RATE	ADDITIONAL FEE
X\$10	
X42	
+140	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.